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INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY DATA

Project/Activity Name:	Spinal Cord Injury Program in Haiti (SCI)
Geographic Location(s) (Country/Region):	Haiti/Caribbean Region
Amendment (Yes/No), if Yes indicate # (1, 2...):	Yes
Implementation Start/End Date (FY or M/D/Y):	October 1, 2015 - September 30, 2019
If Amended, specify New End Date:	September 30, 2020
Solicitation/Contract/Award Number(s):	
Implementing Partner(s):	St. Boniface Haiti Foundation
Bureau Tracking ID:	LAC-IEE-20-05
Tracking ID of Related RCE/IEE (if any):	LAC-IEE-16-14, LAC-IEE-16-43, LAC-IEE-17-03
Tracking ID of Other, Related Analyses:	This IEE amends LAC-IEE-17-03

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	USAID/Haiti
Other Affected Operating Unit(s):	
Lead BEO Bureau:	LAC
Funding Account(s) (if available):	ES-SUP/2010/2012
Original Funding Amount:	\$407,000,000
If Amended, specify funding amount:	\$500,000
If Amended, specify new funding total:	\$407,500,000
Prepared by:	Olbeg Desinor, Acting Health Office Director
Date Prepared:	September 20, 2019

ENVIRONMENTAL COMPLIANCE REVIEW DATA

Analysis Type:	<input checked="" type="checkbox"/> Environmental Examination	<input type="checkbox"/> Deferral
Environmental Determination(s):	<input checked="" type="checkbox"/> Categorical Exclusion(s) <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Deferred (per 22 CFR 216.3(a)(7)(iv))	
IEE Expiration Date (if applicable):	September 30, 2019	
Additional Analyses/Reporting Required:		
Climate Risks Identified (#):	Low <u> 0 </u>	Moderate <u> </u> High <u> </u>
Climate Risks Addressed (#):	Low <u> 0 </u>	Moderate <u> </u> High <u> </u>

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

ACTIVITY SUMMARY

Following the earthquake that struck Haiti on January 12, 2010, the Haitian Ministry of Health (MSPP) requested that the St. Boniface Haiti Foundation (SBHF) opened the first national center for spinal cord injury (SCI) treatment within St. Boniface Hospital in Fond des Blancs, Haiti. This request was made in recognition of SBHF's nearly three decades of experience in clinical and community-based health care and based on the organization's attendance to the initial SCI patient caseloads referred to its hospital immediately after the earthquake. With the tremendous support of its donors and partners, SBHF went on to develop the first program in Haiti to provide comprehensive care for persons with a spinal cord injury. Since the program began, more than 200 persons with an SCI have benefitted from the program services, of which 153 remain active in the program.

Through an initial project funded by USAID's Leahy War Victims Fund through World Learning, as well as continued funding from USAID/Haiti, SBHF has proven that despite immense challenges, it is possible to enable persons with an SCI in Haiti to attain a remarkable level of well-being and to reintegrate into their communities. With the guidance of key partners including Commonwealth Care Alliance (CCA, formerly Boston Community Medical Group) and persons with SCIs, SBHF established and maintains Haiti's first and only community-driven, multidisciplinary approach to caring for persons with an SCI. Since the program's inception in 2010, SBHF has served more than 850 beneficiaries—200 persons with SCIs and 650 people with other rehabilitative needs. SBHF has also trained over 600 medical service providers in how to care for persons with disabilities, and advocated at the local and national level for policies that protect and empower persons with disabilities.

SBHF proposes to build upon these achievements through the proposed one-year extension of the SCI Program; main objectives:

- Sustain and improve access to quality clinical and rehabilitation care for persons with an SCI during an additional 12 months of project funding;
- Expand mobile clinics and community reintegration services for up to 155 persons with an SCI living at home by the end of the 12-month project period;
- Capacity development training program and promotion of system strengthening between local actors and key Government of Haiti (GOH) entities; and
- Engage in local and national level advocacy activities aimed at increasing the social inclusion of persons with disabilities.

ENVIRONMENTAL DETERMINATIONS

Upon approval of this document, the determinations become affirmed, per Agency regulations (22 CFR 216).

TABLE 1: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination ¹	Deferral ²
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¹ Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

² Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

Activity 1: Clinical and rehabilitation care.	[blank space]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.1: Multidisciplinary rounds	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.2: Wound care rounds	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.3: Personal care educational sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.4: Physical therapy sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.5: Wheelchair fitting/training sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2: Community reintegration services	[blank space]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.1: Vocational training opportunities	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.2: Psycho-social support groups (individual and family levels)	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.3: Home/community accessibility modifications		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.4: Mobile clinics/home visits	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3: Trainings and system strengthening	[blank space]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.1: Hold multidisciplinary trainings for local health care professionals	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.2: Quarterly SCI workshops for medical professionals at key referral sites throughout Haiti	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.3: Coordinate National Working Group meetings	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.4: Trainings by American professionals	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 4: Local and national advocacy	[blank space]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.1: Radio programs	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.2: Participate in BSEIPH advocacy campaign	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.3: Peer educator and mentoring initiative	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.4: Disability awareness events in schools and communities	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.5: SCI newsletters	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIMATE RISK MANAGEMENT

Per ADS 201, all strategies, projects, and activities must be screened for climate risk management (CRM). Due to the nature of most activities being related to technical assistance, accessibility modifications to dwellings, capacity building, document and information sharing, meetings, workshops, etc., these activities neither have a direct or indirect impact on the environment nor are substantively impacted by climate change, and therefore have a **low** climate risk rating. The only likely effect such activities will suffer from due to climate change is the potential disturbance of normal activity functions due to increasing temperatures (i.e., the cancellation of meetings that would have been held in non-air conditioned rooms during heat waves) and the increasing frequency of extreme weather events (i.e., cancellation of activities due to disrupted road and telecommunication networks).

BEO SPECIFIED CONDITIONS OF APPROVAL

- 1) Categorical Exclusion recommended for almost all sub-activities;
- 2) Negative Determination (With Conditions) recommended for Sub-Activity 2.3 – “house/community accessibility modifications”; rationale stated within the following analysis. Primary “conditions” being adherence to USAID and Americans With Disability guidelines and mitigation measures regarding modifications to existing houses/structures to make them accessible to people in wheelchairs; inclusive of SBHF guidance regarding design specifications for wheelchair accessibility.




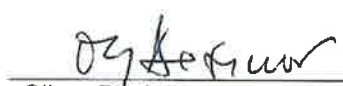


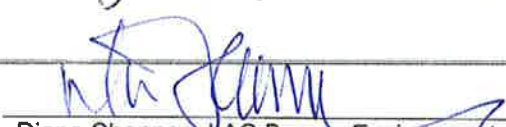
IMPLEMENTATION

In accordance with 22 CFR 216 and Agency policy, the conditions and requirements of this document become mandatory upon approval. This includes the relevant limitations, conditions and requirements in this document as stated in Sections 3, 4, and 5 of the IEE and any BEO Specified Conditions of Approval.

USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: Spinal Cord Injury Program in Haiti

Bureau Tracking ID: LAC-IEE-20-05

Approval:	 Gary Juste, Acting Mission Director	<u>10.25.19</u> Date
Clearance:	 Rhonda Shire, Deputy Mission Director	<u>10/25/19</u> Date
Clearance:	 Martha Dye, Regional Legal Officer	<u>10/24/19</u> Date
Clearance:	 Olbeg Desinor, Acting Health Office Director	<u>10/17/19</u> Date
Clearance:	 Jeanne Marcia Tancil, AOR	<u>10/15/2019</u> Date
Clearance:	 Abdel Abellard, Mission Environmental Officer	<u>10/15/2019</u> Date
Clearance:	<u>By E-mail</u> Bethzaida Colon, Regional Environmental Advisor	 Date
Concurrence:	 Diana Shannon, LAC Bureau Environmental Officer	<u>11/4/2019</u> Date

INITIAL ENVIRONMENTAL EXAMINATION

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1.0 PROJECT/ACTIVITY DESCRIPTION

1.1 PURPOSE OF THE IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs), if needed.

This Request for a Categorical Exclusion supersedes LAC-IEE-17-03 which addresses all the activities described herein through the end of FY2019. LAC-IEE-17-03 is an "umbrella" IEE/Environmental Threshold Decision that addresses the entirety of the Mission's health portfolio, the activity discussed in this IEE is a relatively minor part of the overall Threshold Decision.

1.2 ACTIVITY OVERVIEW

Following the earthquake that struck Haiti on January 12, 2010, the Haitian Ministry of Health (MSPP) requested that the St. Boniface Haiti Foundation (SBHF) opened the first national center for spinal cord injury (SCI) treatment within St. Boniface Hospital in Fond des Blancs, Haiti. This request was made in recognition of SBHF's nearly three decades of experience in clinical and community-based health care and based on the organization's attendance to the initial SCI patient caseloads referred to its hospital immediately after the earthquake. With the support of its donors and partners, SBHF developed the first program in Haiti to provide comprehensive care for persons with a spinal cord injury. Since the program began, more than 200 persons with an SCI have benefitted from the program services, of which 153 remain active in the program.

Through an initial project funded by USAID's Leahy War Victims Fund through World Learning, as well as continued funding from USAID/Haiti, SBHF has proven that despite immense challenges, it is possible to enable persons with an SCI in Haiti to attain a remarkable level of well-being and to (re)integrate into their communities. With the guidance of key partners including Commonwealth Care Alliance (CCA, formerly Boston Community Medical Group) and persons with SCIs, SBHF established and maintains Haiti's first and only community-driven, multidisciplinary approach to caring for persons with an SCI. Since the program's inception in 2010, SBHF has served more than 850 beneficiaries—200 persons with SCIs and 650 people with other rehabilitative needs. SBHF has also trained over 600 medical service providers in how to care for persons with disabilities, and advocated at the local and national level for policies that protect and empower persons with disabilities.

SBHF proposes to build upon these achievements through the proposed one-year extension of the SCI Program; main objectives:

- Sustain and improve access to quality clinical and rehabilitation care for persons with an SCI during an additional 12 months of project funding;
- Expand mobile clinics and community reintegration services for up to 155 persons with an SCI living at home by the end of the 12-month project period;
- Capacity development training program and promotion of system strengthening between local actors and key Government of Haiti (GOH) entities; and
- Engage in local and national level advocacy activities aimed at increasing the social inclusion of persons with disabilities.

The proposed project will continue to apply an interdisciplinary, holistic approach to caring for persons with an SCI both during their stay at the SCI Center and upon their discharge. At present, SBHF remains the only organization within Haiti utilizing multidisciplinary mobile teams to provide community-based follow-up care for persons with an SCI. SBHF recognizes the importance of this approach as there are few to no community-level efforts to provide the much-needed comprehensive approach to care, particularly in rural areas in Haiti. As such, the organization will continue to offer the most comprehensive form of care for persons with an SCI who seek to live independently following their stay at the SBHF SCI Center.

SBHF proposes to continue to provide input toward the development of national initiatives aimed at facilitating social/community inclusion and income generation among persons with a disability. SBHF will continue to collaborate with the Government of Haiti (GOH) to assist in organizing and implementing annual events to raise awareness of the challenges and rights of persons with a disability. SBHF will further contribute to these advocacy efforts by carrying out community awareness events within select geographical areas throughout the country by continuing to produce radio broadcasts, newsletters, and informational events.

1.3 ACTIVITY DESCRIPTION

This narrative provides an overview of the program objectives, activities, partners, and implementation timeline for the SBHF SCI Program in Haiti, whose target population consists of Haitians living with disabilities related to an SCI.

Objective 1: To sustain and improve access to clinical and rehabilitation care for people with a Spinal Cord Injury during an additional 12 months of project funding.

SBHF to offer its patients residential care and rehabilitation at its SCI Center, constructed in April 2013. The features of the SCI Center include: dormitory-style rooms, a rehabilitation facility, a wheelchair repair workshop, a community and vocational training room, a patient resource library, a computer lab, a basketball court, private counseling space, wheelchair height garden boxes, and an accessible cooking area and outdoor gathering space. Shelters at the center will continue to provide temporary housing to family members to facilitate their accompaniment of inpatients and to serve as transition houses for patients being discharged.

To track the clinical progression of patients at the SBHF SCI Center, SCI team to conduct multidisciplinary rounds up to two times per week and wound care rounds up to seven times per week. Clinical protocols and policies are in place to guide the use of charts and observations in tracking patient progress. Wound progression is tracked through measurements and photos, and wound care activities are documented by staff. SBHF will continue to hold weekly

multidisciplinary case management meetings to jointly review the cases of all hospital and community-based program beneficiaries.

SBHF staff to conduct daily individual educational sessions and weekly group sessions to educate patients and visiting family members on, amongst other health-care topics, how to prevent the development of new wounds and infections, including by being attentive to positioning; relieving pressure; and monitoring all assistive devices to ensure they properly fit. The organization has developed educational techniques and documents specifically designed to encourage and enable patients to prevent pressure wounds. Due to the challenges of finding appropriate care once discharged, a critical component of the program is educating patients and family members on how to carry out self-care activities such as bathing, toileting, and feeding. Training family members to carry out these tasks enables beneficiaries to minimize their need to seek care in a medical facility, which can be both physically and financially challenging. The multidisciplinary team of the nurses, physical therapists, rehabilitation technicians, and patient care assistants work together to achieve this goal. SBHF will continue to motivate and educate its patients and their family caregivers to continue facilitating proper self-care and physical therapy exercises upon patient discharge.

The physical therapy strategy employed by SBHF comprises individualized plans tailored to each patient's medical condition and physical needs. As demonstrated by our program's ability to discharge patients back to their home environments, this strategy has proven highly successful over the past five years in providing beneficiaries with the training and support they need to hand the physical demands of reintegrating into their community. In total, SBHF will provide its patients at the center with the opportunity to complete up to 12 sessions of physical therapy per week. Sessions will be made available on weekends as well as week days in order to facilitate patient access to care. Staff will continue to assist inpatients with enhancing their wheelchair mobility skills over tough terrain by accompanying them during excursions into the community surrounding the center. Upon discharge, patients are provided with materials such as resistance bands, braces, and other accessories to continue with rehabilitation exercises in their homes.

During therapy sessions, beneficiaries of the program benefit from weight and exercise equipment available within the rehabilitation facility at the SCI Center. Rehabilitation staff work with patients on goal setting and building individualized treatment plans. These plans are developed by our resident physical therapist who consults with an American-based physical therapist specializing in SCIs on more complicated cases. As part of the individualized treatment plans, SBHF will continue instructing family members on facilitating physical therapy exercises upon discharge. To encourage a return to independent cooking, SBHF will continue to provide access to a wheelchair-accessible kitchen and garden at the SCI Center. The organization will also continue to provide opportunities for wheelchair-accessible recreational and sporting activities.

As part of SBHF'S physical therapy services, all patients will be provided with the provision, repair, and maintenance of safe and appropriate wheelchairs and orthotics. All new wheelchair users will be fitted for appropriate wheelchairs to meet their individual needs and level of injury. Instruction will be provided on safe practices, general mobility, basic skills, and maintenance. To promote the longevity and proper function of the equipment, the organization will monitor the status and upkeep of wheelchairs serving community-based patients through the continuation of regular phone calls.

SBHF to continue to solicit and encourage donations of wheelchairs (sport/pediatric/other), pediatric standing frames, and other equipment from organizations such as the Walkabout Foundation and Spaulding Rehabilitation Hospital. SBHF will also continue leveraging in-country partnerships by referring program beneficiaries to Tous Ensemble Clinic in Les Cayes and Hôpital Espoir, Hôpital Bon Repos, and Healing Hands for Haiti (HHH) in Port-au-Prince for the measurement and proper fitting of specialized orthotics and braces.

Objective 2: To expand mobile clinic and community reintegration services for up to 155 persons with an SCI living at home by the end of a 12-month project period.

SBHF to continue its multifaceted approach to prepare patients for discharge and support beneficiaries during their reintegration into the community, with the goal of maximizing independence and reducing readmissions. The SBHF SCI staff has developed a successful strategy for evaluating and preparing patients for successful discharge and reintegration. It comprises five major components which are designed to prepare beneficiaries—physically, mentally, and financially—for reintegration into their communities.

SBHF to continue to provide vocational skill-building activities—adaptive gardening, jewelry making, drawing and painting, computer studies, continuing general education, and sewing and tailoring—to provide participants with increased opportunity to engage in income-generating activities upon their discharge. Such sessions have assisted program beneficiaries in securing work as depot managers, peer educators, and entrepreneurs. Four program beneficiaries remain employed at SBHF, and 18 who have participated in the program's income-generating micro-finance activities.

SBHF to continue to help patients cope with their injuries and mentally prepare for discharge by conducting weekly psychosocial support groups or activities at the hospital's SCI Center. These weekly sessions provide a safe space for patients to discuss many difficult topics related to SCIs and disability. The hospital psychologist and program social worker will provide as many individual counseling sessions as possible in an effort to assist newly injured patients and their families manage the initial and ongoing psychological challenges related to their injury. Up to three family caregiver support sessions will be conducted per quarter at the center, whereby family members will be encouraged and trained on several topics related to care for persons with an SCI.

SBHF to continue evaluating all patients scheduled for discharge to ensure that they meet the set criteria—medical, rehabilitative, and psychosocial—for discharge. Prior to each discharge, the SCI staff will assess the patient's home and provide the patient with comprehensive education, a discharge kit, and medical supplies to be renewed during home visits.

The community-based support system for discharged SCI patients aims to support program participants during their reintegration and with their ongoing medical, rehabilitative, and psychosocial needs. To support ongoing clinical needs, mobile clinics and multidisciplinary teams of SBHF staff will continue to be employed to conduct home visits for persons with an SCI that have reintegrated into their communities. To ensure the efficiency of community-based care for vulnerable beneficiaries, mobile clinic trips will be organized to provide program participants with home visits in 10 target regions within seven departments of Haiti. For less vulnerable beneficiaries, staff will conduct phone calls using a standardized form for regular check-ins. Due to the transportation and financial challenges to finding appropriate care, these mobile clinics serve a critical function in helping program beneficiaries maintain their health and prevent readmission into a hospital.

To support community reintegration, the organization will continue to use a multipronged approach to enhance community/social inclusion and income generation capacity. Within Fond des Blancs, SBHF to provide vocational training opportunities at the SCI Center and beneficiaries' communities that have been designed and facilitated with the assistance of program participants. Additionally, program beneficiaries will continue to have access to the program's microfinance activity that specifically supports persons with an SCI in their efforts to sustain income-generating activities.

To encourage beneficiary's education, the organization will continue supporting tutoring and enrollment in schools, universities, and community-based vocational training programs. For any school-aged children in the program capable of being transported in their wheelchairs to the local school(s), SBHF will continue arranging and paying for their enrollment, as well as facilitating transportation. The organization will also seek to assist beneficiaries of the program in enrolling in universities and/or community-based vocational training programs.

NOTEWORTHY – SBHF to continue the important activity of making the homes and communities of program beneficiaries more accessible. Accessible and affordable housing remains one of the biggest challenges for persons with an SCI in Haiti. Most home and community environments in Haiti are largely inaccessible to persons in wheelchairs due to rough terrain, narrow corridors, and inaccessible stairs and public transportation. SBHF strives to address this issue by creating accessible homes and communities for our program beneficiaries. SBHF to encourage family members to carry out small modifications on their own and will assist program beneficiaries by carrying out modifications such as installing ramps, leveling outdoor space, and expanding doorframes in all of the regions in which program beneficiaries reside. Modifications such as these have a huge impact on the daily lives of our program beneficiaries, and provide them with increased opportunity to maximize their independence and autonomy.

Objective 3: To continue a capacity development training program and promotion of system strengthening activities between local actors and key GOH entities.

To promote the sustainability of SCI care in Haiti, the project will continue to support local and external medical and non-medical staff by increasing their capacity to care for persons with an SCI. To this end, any new hires/replacements at SBHF will go through an onsite orientation and training course developed for staff. An SCI Nursing Care Handbook developed under a prior grant cycle (2010-2013 through World Learning/USAID) covers the following topics: Introduction to SCI; Preventative Care for Wounds and Pressure Ulcers; Bowel and Bladder Care; Overview of Physical and Occupational Therapy; Pain Management; Psychosocial Care; and Disability Sensitivity Training. Exchange visits and training programs will continue to be conducted at, and hosted from, centers across the country. Previous exchange visits and trainings have been arranged to sites in Haiti such as University Hospital Mirebalais (HUM), Hospital St. Francois de Salle—Port-au-Prince, and the Les Cayes nursing school. Staff will also participate in various trainings/forums organized by entities in the Haitian health care sector—including by BSEIPH—and by volunteer international medical professionals.

Given the positive outcomes of exchange visits and trainings during the past grant period, SBHF will share its lessons learned and access to SCI care experts with a broad array of partners within Haiti in order to improve their capacity to diagnose and attend to SCIs and to strengthen regional emergency response capacities, as well as referral networks. To this end the organization will host and provide quarterly workshops on basic SCI care for up to 100 Haitian

medical professionals per year. The trainings will be organized in collaboration with key Haitian government counterparts, such as the MSPP, MAST, and BSEIPH. The SBHF SCI staff will lead these trainings in conjunction with staff peer educators.

SBHF to continue providing trainings to medical/first responders in Haiti, including drivers, police officers, and general community members, on how to properly respond to incidents where there is a high risk for SCIs. SBHF has received positive feedback from communities receiving the trainings and will continue its efforts to facilitate these sessions.

SBHF to continue to collaborate with members of the National Working Group on SCI and Rehabilitation Care in Haiti. The group has an active list-serve for e-mail exchange and is composed of people from the BSEIPH, Disabled Persons' Organizations (DPOs), local hospitals, international NGOs, disability advocates, private medical professionals, and a member of SBHF's Advocacy and Advisory Committee. The working group enables participating members to share best practices, increase efficiency of referrals for persons with SCIs, and better understand the needs of persons with an SCI.

Objective 4: To engage in local and national level advocacy activities aimed at increasing the social inclusion of people with disabilities.

SBHF to contribute to community and national advocacy to promote the social inclusion of persons with an SCI. The SCI program will continue to partner with BSEIPH on an annual basis to support BSEIPH's efforts related to community advocacy and media campaign on behalf of persons with a disability. For example, in the past SBHF has supported BSEIPH's annual campaigns and public advocacy events associated with International Day for Persons with a Disability on December 3, 2019. With guidance from its peer educators and SBHF sponsored advocacy group, SBHF will continue to conduct local advocacy activities and events, its peer educator and mentoring initiative, disability awareness trainings in schools and the community, monthly newsletters, and radio programs.

SBHF to organize and lead community-level sessions to raise awareness in schools, churches, and other community locations to enhance understanding of the situation of persons with a disability and to attempt to reduce stigma. SBHF to host advocacy events in the specific communities in which our beneficiaries reintegrate: Port-au-Prince, Verette, Fond des Negres, Les Cayes, and others. These events have proven to be most effective in improving the reintegration of our program beneficiaries, while also educating the communities where the beneficiaries are returning to. The SCI staff peer educators—themselves persons with an SCI who have benefited from the SBHF program—and community re-integration officers plan events featuring dancing, singing, poetry, and a question-and-answer session, during which community leaders and peer educators speak about the important need to continue to advance the integration and independence of persons with disabilities. These events are held quarterly and typically have 50–100 participants at each one.

SBHF to continue its monthly SCI newsletters and radio broadcasts at stations in Miragone, Les Cayes, or Fond des Blancs. The newsletters, which are written and produced in Haitian Creole, are distributed within the community to the project's community-based beneficiaries, NGOs, and other entities advocating for the rights of persons with a disability. They enable beneficiaries to stay informed about the activities of other beneficiaries and raise awareness among the broader community about issues related to persons with disabilities. During weekly radio broadcasts, staff members, peer educators, and patients discuss issues related to disability awareness and other socially relevant topics. Beyond these newsletters and radio sessions, peer educators will

continue to utilize daily visits at the center and phone calls to the community to provide invaluable mentorship to other persons with an SCI within the project.

TABLE 2: DEFINED ACTIVITIES AND SUB-ACTIVITIES

Activity 1 — Clinical and rehabilitation care
Sub-activity 1.1 – Multidisciplinary rounds
Sub-activity 1.2 – Wound care rounds
Sub-activity 1.3 – Personal care educational sessions
Sub-activity 1.4 – Physical therapy sessions
Sub-activity 1.5 – Wheelchair fittings/training sessions
Activity 2 — Community reintegration services
Sub-activity 2.1 – Vocational training opportunities
Sub-activity 2.2 – Psycho-social support groups (individual and family levels)
Sub-activity 2.3 – Home/ community accessibility modifications
Sub-activity 2.4 – Mobile clinics/home visits
Activity 3 — Trainings and system strengthening
Sub-activity 3.1 – Multidisciplinary trainings for local health care professionals
Sub-activity 3.2 – Quarterly SCI workshops for medical professionals at key referral sites throughout Haiti
Sub-activity 3.3 – Coordination National Working Group meetings
Sub-activity 3.4 – Trainings by USA professionals
Activity 4 — Local and national advocacy
Sub-activity 4.1 – Radio programs
Sub-activity 4.2 – Participate in BSEIPH advocacy campaign
Sub-activity 4.3 – Peer educator and mentoring initiative
Sub-activity 4.4 – Disability awareness events in schools and communities
Sub-activity 4.5 – SCI newsletters

Will this project/activity involve construction³ as defined by ADS 201 and 303? Yes ☐ No ☒

If yes, describe in the space below:

N.A.

2.0 BASELINE ENVIRONMENTAL INFORMATION

The SCI activity is focused on the St. Boniface Hospital in the Fond des Blancs region of southwest Haiti. This activity will not impact, negatively nor positively, the natural or physical environment of Haiti; including no impact on threatened or endangered species. The activity is anticipated to have a positive impact on the social setting, there is a direct linkage regarding

³ **Construction, as defined by ADS 201 and 303**, includes: construction, alteration, or repair (including dredging and excavation) of buildings, structures, or other real property and includes, without limitation, improvements, renovation, alteration and refurbishment. The term includes, without limitation, roads, power plants, buildings, bridges, water treatment facilities, and vertical structures. In the box below, describe any construction planned for this project/activity. Refer to [ADS 201maw](#) for required Construction Risk Management procedures.

Haitians with spinal cord injuries and the ability to cope with their injuries at home and in the workplace; the social side of rehabilitation from spinal cord injuries is paramount.

2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT (ENVIRONMENT, PHYSICAL, CLIMATE, SOCIAL, THREATENED AND ENDANGERED SPECIES)

The SCI activity has a focus on the St. Boniface Hospital in the Fond des Blancs region of southwest Haiti. This activity will not impact, negatively nor positively, the natural or physical environment of Haiti; including no impact on threatened or endangered species. The activity is anticipated to have a positive impact on the social setting, there is a direct linkage regarding Haitians with spinal cord injuries and the ability to cope with their injuries at home and in the workplace; the social side of spinal cord injuries is paramount.

2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS

The social setting regarding adherence to best practices for spinal cord care and rehabilitation will adhere to the best international standards as employed by the St. Boniface Haiti Foundation, including partner organizations: Commonwealth Care Alliance, Disabled Persons Organization, Hospital Albert Schweitzer, Hospital Bernard-Mevs, Haiti Hospital Appeal, Healing Hands for Haiti, University Hospital of Mirebalais, and GOH Ministries.

2.3 COUNTRY/MINISTRY/MUNICIPALITY ENVIRONMENTAL CAPACITY ANALYSIS (AS APPROPRIATE)

The social setting regarding best care practices for spinal cord injuries has been extensively studied by the St. Boniface Haiti Foundation. That analysis directly informed the design of the activity presented herein.

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

TABLE 3A. POTENTIAL IMPACTS – ACTIVITY 1

Activity	Potential environmental and social impacts
Activity 1: Clinical and rehabilitation care	[blank space]
Sub-activity 1.1: Multidisciplinary rounds	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 1.2: Wound care rounds	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 1.3: Personal care educational sessions	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 1.4: Physical therapy sessions	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 1.5: Wheelchair fittings/training sessions	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.

TABLE 3B. POTENTIAL IMPACTS – ACTIVITY 2

Activity	Potential environmental and social impacts
Activity 2: Community reintegration services	[blank space]
Sub-activity 2.1 – Vocational training opportunities	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 2.2 – Psycho-social support groups (individual and family levels)	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.
Sub-activity 2.3 – Home/community accessibility modifications	Potential negative environmental impacts from the rehabilitation of house/community structures (improper disposal of demolition wastes, improper sourcing of sand for concrete, improper disposal of excess paint, etc.); many positive social impacts for greater mobility for people in wheelchairs within their homes and community buildings.
Sub-activity 2.4 – Mobile clinics/home visits	No environmental (natural or physical) impacts; numerous positive social impacts on patients in rehabilitation from spinal cord injuries.

TABLE 3C. POTENTIAL IMPACTS – ACTIVITY 3

Activity	Potential environmental and social impacts
Activity 3: Trainings and system strengthening	[blank space]
Sub-activity 3.1 – Hold multidisciplinary trainings for local health care professionals.	No environmental nor social impacts
Sub-activity 3.2 – Quarterly SCI workshops for medical professionals at key referral sites throughout Haiti.	No environmental nor social impacts.
Sub-activity 3.3 – Coordinate	No environmental nor social impacts

National Working Group meetings	
Sub-activity 3.4 – Trainings by USA professionals	No environmental nor social impacts

TABLE 3D. POTENTIAL IMPACTS – ACTIVITY 4

Activity	Potential environmental and social impacts
Activity 4: Local and national advocacy	<i>[blank space]</i>
Sub-activity 4.1 – Radio programs	No environmental nor social impacts
Sub-activity 4.2 – Participate in BSEIPH advocacy campaign	No environmental nor social impacts.
Sub-activity 4.3 – Peer educator and mentoring initiative	No environmental nor social impacts
Sub-activity 4.4 – Disability awareness events in schools and the community	No environmental nor social impacts
Sub-activity 4.5 – SCI newsletters	No environmental nor social impacts

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22 CFR 216. Specified conditions, detailed in Section 5, become mandatory obligations of implementation, per ADS 204.

TABLE 4: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination⁴	Deferral⁵
Activity 1: Clinical and rehabilitation care	<i>[blank space]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.1: Multidisciplinary rounds	§216.2(c)(2)(viii) – Programs involving nutrition, health care, or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

⁵ Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

	etc.)			
Sub-activity 1.2: Wound care rounds	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.3: Personal care education sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.4: Physical therapy sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 1.5: Wheelchair fittings/training sessions	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2: Community reintegration services	<i>[blank space]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.1: Vocational training opportunities	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.2: Psycho-social support groups (individual and family levels)	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.3: Home/community accessibility modifications		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 2.4: Mobile clinics/home visits	§216.2(c)(2)(viii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3: Trainings and system strengthening	<i>[blank space]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.1: Hold multidisciplinary trainings for local health care professionals	§216.2(c)(2)(i) –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.2: Quarterly SCI workshops for medical professionals at key referral sites throughout Haiti	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.3: Coordinate National Working Group meetings	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 3.4: Trainings by USA professionals	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 4: Local and national advocacy	<i>[blank space]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.1: Radio programs	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.2: Participate in BSEIPH advocacy campaign	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.3: Peer educator and mentoring initiative	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-activity 4.4: Disability	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

awareness events in schools and communities				
Sub-activity 4.5: SCI newsletters	§216.2(c)(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the Climate Risk Management (CRM) Screening, in accordance with ADS 201mal. The project design team, in consultation with a climate impact specialist, considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.) in addition to the impact of project activities on the climate (increased greenhouse gas emissions, land use changes, etc.). See Annex 1 for the complete CRM table.

5.0 CONDITIONS AND MITIGATION MEASURES

5.1 CONDITIONS

The environmental determinations in this IEE are contingent upon full implementation of the following general implementation and monitoring requirements, as well as ADS 204 and other relevant requirements.

5.1.1 During Pre-Award:

- 5.1.1.1 Pre-Award Briefings: As feasible, the design team and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders' conferences.
- 5.1.1.2 Solicitations: The design team, in coordination with the A/CO, will ensure solicitations include environmental compliance requirements and evaluation criteria. A/CO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.
- 5.1.1.3 Awards: The A/COR, in coordination with the A/CO, will ensure all awards and sub-awards, include environmental compliance requirements.

5.1.2 During Post-Award:

- 5.1.2.1 Post-Award Briefings: The A/COR and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide post-award briefings for the IP on environmental compliance responsibilities.
- 5.1.2.3 Workplans and Budgeting: The A/COR will ensure the IP integrates environmental compliance requirements in work plans and budgets to comply with requirements, including EMMP implementation and monitoring.

- 5.1.2.4 Staffing: The A/COR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.
- 5.1.2.5 Records Management: The A/COR will maintain environmental compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database system.
- 5.1.2.6 Host Country Environmental Compliance: The A/COR will ensure the IP complies with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.
- 5.1.2.7 Work Plan Review: The A/COR will ensure the IP verifies, at least annually or when activities are added or modified, that activities remain within the scope of the IEE. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.
- 5.1.2.8 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.
- 5.1.2.14 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).
- 5.1.2.16 Environmental Compliance Mitigation and Monitoring Plan: The A/COR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements.
- 5.1.2.17 Environmental Compliance Reporting: The A/COR will ensure the IP includes environmental compliance in regular project/activity reports, using indicators as appropriate; develops and submits the Environmental Mitigation and Monitoring Reports (EMMRs); and completes and submits a Record of Compliance (RoC) describing their implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable). And where required by Bureaus or Missions, ensure the IP prepares a closeout plan consistent with contract documentation for A/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.
- 5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the A/COR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The A/COR initiates the corrective action process and ensures the IP completes and documents their activities. Where required by Bureaus or Missions, ensure Record of Compliance is completed.

5.2 AGENCY CONDITIONS

- 5.2.1 Sub-award Screening: The A/COR will ensure the IP uses an adequate environmental screening tool to screen any sub-award applications and to aid in the development of EMMPs.
- 5.2.2 Programmatic IEEs (PIEE): PIEEs stipulate requirements for additional environmental examination of new or country specific projects/activities. The A/COR of any project/activity being implemented under a PIEE will ensure appropriate reviews are conducted, typically through a Supplemental IEE, and approved by the cognizant BEO.
- 5.2.3 Supplemental IEEs (SIEEs): An SIEE will be prepared for any new project/activity being planned which fall under a PIEE. The SIEE will provide more thorough analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.
- 5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.
- 5.2.5 Resolution of Deferrals: If a deferral of the environmental threshold determination was issued, the A/COR will ensure that the appropriate 22CFR216 environmental analysis and documentation is completed and approved by the BEO before the subject activities are implemented.
- 5.2.6 Positive Determination: If a Positive Determination threshold determination was made, the A/COR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.
- 5.2.7 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

5.3 MITIGATION MEASURES

The bulk of this overall activity is geared to the implementation of mitigation measures/procedures at the St. Boniface Hospital to heal, rehabilitate, and reintegrate people with spinal cord injuries back into society. Most all sub-activities under each of the four primary activities in themselves are mitigation measures to ensure that hospital staff and beyond are trained to implement measures to heal, rehabilitate, and reintegrate people with spinal cord injuries.

One sub-activity warrants a Negative Determination (With Conditions) - Sub-Activity 2.3, “home/community accessibility modifications”. The appropriate USAID Sector Environmental Guideline that generally (not in a direct manner) addresses this sub-activity is “Housing Reconstruction”. Pages 17 – 18 (“Construction” section) of that Guideline contain numerous mitigation measures addressing general construction/reconstruction activities and are appropriate for this sub-activity. The USAID “Housing Reconstruction” Guideline does not address mitigation measures specific to handicap access retrofitting in existing structures.

Technical guidelines addressing handicap/wheelchair access construction/renovation are found in Annex A Part 1191 – Americans With Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities (Ref - <https://www.access-board.gov/attachments/article/1350/adaag.pdf>) Section 4 (Accessible Elements and Spaces: Scope and Technical Requirements [pages 6 – 66]) provides many wheelchair access technical specifications (ramps, entrances, hallway widths, handrails/grab-bars, etc.) directly applicable to the needs of retrofitting houses/community structures in the Haiti situation. The ADA Guidelines do not explicitly list “mitigation measures; the section titled “Residential Housing” is reserved as of 4-30-2013. SBHF to share with USAID/Haiti mitigation measures they plan to utilize to rehabilitate/retrofit houses/community structures to make them wheelchair accessible; those measures must be compliant with the afore mentioned ADA Guidelines.

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

The determinations recommended in this document apply only to projects/activities and sub-activities described herein. Other projects/activities that may arise must be documented in either a separate IEE, an IEE amendment if the activities are within the same project/activity, or other type of environmental compliance document and shall be subject to an environmental analysis within the appropriate documents listed above.

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22 CFR 216.2(d).

In addition, other than projects/activities determined to have a Positive Threshold Determination and/or a pesticide management plan (PERSUAP), it is confirmed that the projects/activities described herein do not involve any actions listed below. Any of the following actions would require additional environmental analyses and environmental determinations:

- Support project preparation, project feasibility studies, or engineering design for activities listed in §216.2(d)(1);
- Affect endangered and threatened species or their critical habitats per §216.5, FAA 118, FAA 119;
- Provide support to extractive industries (e.g. mining and quarrying) per FAA 117;
- Promote timber harvesting per FAA 117 and 118;
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);
- Support agro-processing or industrial enterprises per §216.1(b)(4);
- Provide support for regulatory permitting per §216.1(b)(2);

- Lead to privatization of industrial facilities or infrastructure with heavily polluted property per §216.1(b)(4);
- Research, testing, or use of genetically engineered organisms per §216.1(b)(1), ADS 211
- Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, clean-up of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials. Pesticides cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act per §216.2(e) and §216.3(b).

7.0 REVISIONS

Per 22 CFR 216.3(a)(9), when ongoing programs are revised to incorporate a change in scope or nature, a determination will be made as to whether such change may have an environmental impact not previously assessed. If so, this IEE will be amended to cover the changes. Per ADS 204, it is the responsibility of the USAID A/COR to keep the MEO/REA and BEO informed of any new information or changes in the activity that might require revision of this environmental analysis and environmental determination.

ATTACHMENTS:

Annex 1: Climate Risk Management Summary Table for Activity

ANNEX 1. ACTIVITY CLIMATE RISK MANAGEMENT SUMMARY TABLE

Tasks/Defined or Illustrative Interventions	Climate Risks ⁶	Risk Rating ⁷	How Risks are Addressed ⁸	Opportunities to Strengthen Climate Resilience ⁹
Activity 1 – Clinical and rehabilitation care				
Sub-activity 1.1 – Multidisciplinary rounds	<p>Increased temperatures as well as increased intensity, duration and/or frequency of extreme climate-related events such as storms, floods, and high winds and/or landslides may:</p> <ul style="list-style-type: none"> • Damage or otherwise negatively impact the locations hosting meetings, events and training sites. • Damage or impede access routes to/from locations where trainings or consultations will take place. • Increase prevalence of 	Low	<p>Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks.</p>	<p>Implementing partners and stakeholders should prepare to manage activities adaptively and communicate frequently to ensure flexibility to potential climate change impacts during implementation, including alternative dates and locations for meetings and alternative access routes for location-based activities.</p> <p>Facilitate interactions among stakeholders and decision makers on climate change impacts.</p>
Sub-activity 1.2 – Wound care rounds				
Sub-activity 1.3 – Personal care educational sessions				
Sub-activity 1.4 – Physical therapy sessions				

⁶ List key risks related to the defined/illustrative interventions identified in the screening and additional assessment.

⁷ Low/Moderate/ High

⁸ Describe how risks have been addressed in activity design and/or additional steps that will be taken in implementation. If you chose to accept the risk, briefly explain why.

⁹ Describe opportunities to achieve multiple development objectives by integrating climate resilience or mitigation measures

Sub-activity 1.5 – Wheelchair fittings/training sessions	heat-related or water- borne diseases, which could negatively impact the health of administration and/or technical staff leading trainings or those undertaking training.	Low	Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks.	
Activity 2 – Community reintegration services				
Sub-activity 2.1: Vocational training opportunities	<p>Increased temperatures as well as increased intensity, duration and/or frequency of extreme climate-related events such as storms, floods, and high winds and/or landslides may:</p> <ul style="list-style-type: none"> • Damage or otherwise negatively impact the locations hosting meetings, events and training sites. • Damage or impede access routes to/from locations where trainings or consultations will take place. • Increase prevalence of heat-related or 	Low	Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks.	<p>Implementing partners and stakeholders should prepare to manage activities adaptively and communicate frequently to ensure flexibility to potential climate change impacts during implementation, including alternative dates and locations for meetings and alternative access routes for location-based activities.</p> <p>Facilitate interactions among stakeholders and decision makers on climate change impacts.</p>
Sub-activity 2.2: Psycho-social support groups (individual and family levels)				
Sub-activity 2.3: Home/community accessibility modifications				
Sub-activity 2.4: Mobile clinics/home visits				

	water- borne diseases, which could negatively impact the health of administration and/or technical staff leading trainings or those undertaking training.			
Activity 3 – Trainings and system strengthening				
Sub-activity 3.1: Hold multidisciplinary trainings for local health care professionals	Increased temperatures as well as increased intensity, duration and/or frequency of extreme climate-related events such as storms, floods, and high winds and/or landslides may:	Low	Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks.	<p>Implementing partners and stakeholders should prepare to manage activities adaptively and communicate frequently to ensure flexibility to potential climate change impacts during implementation, including alternative dates and locations for meetings and alternative access routes for location-based activities.</p> <p>Facilitate interactions among stakeholders and decision makers on climate change impacts.</p>
Sub-activity 3.2: Quarterly SCI workshops for medical professionals at key referral sites throughout Haiti	<ul style="list-style-type: none"> • Damage or otherwise negatively impact the locations hosting meetings, events and training sites. 			
Sub-activity 3.3: Coordinate National Working Group meetings	<ul style="list-style-type: none"> • Damage or impede access routes to/from locations where trainings or consultations will take place. 			
Sub-activity 3.4: Trainings by USA professionals	<ul style="list-style-type: none"> • Increase prevalence of heat-related or water- borne 			

	diseases, which could negatively impact the health of administration and/or technical staff leading trainings or those undertaking training.			
Activity - Local and national advocacy				
Sub-activity 4.1: Radio programs	<p>Increased temperatures as well as increased intensity, duration and/or frequency of extreme climate-related events such as storms, floods, and high winds and/or landslides may:</p> <ul style="list-style-type: none"> • Damage or otherwise negatively impact the locations hosting meetings, events and training sites. • Damage or impede access routes to/from locations where trainings or consultations will take place. • Increase prevalence of heat-related or 	Low	<p>Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks.</p>	<p>Implementing partners and stakeholders should prepare to manage activities adaptively and communicate frequently to ensure flexibility to potential climate change impacts during implementation, including alternative dates and locations for meetings and alternative access routes for location-based activities.</p> <p>Facilitate interactions among stakeholders and decision makers on climate change impacts.</p>
Sub-activity 4.2: Participate in BSEIPH advocacy campaign				
Sub-activity 4.3: Peer educator and mentoring initiative.				
Sub-activity 4.4: Disability awareness events in schools and communities				
Sub-activity 4.5: SCI newsletters				

	water- borne diseases, which could negatively impact the health of administration and/or technical staff leading trainings or those undertaking training.			
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